

Health Benefits

Newsletter

Fall 2012 • Volume 4, Issue 11



Attend a Benefits Workshop or CalPERS Webinar

LACCD will host workshops to present information on the benefit plans for employees at the times and locations listed below. All three sessions are available via live webcast as well as video archive. (URLs will be sent via email to the District all email lists a few days before and immediately after the event.) For details on the plans CalPERS offers, you can attend a prerecorded 2013 Health Plan Webinar at any time.

Benefits Workshops:

Thursday, September 11
11 a.m. – 2 p.m.
Pierce College, Great Hall

Wednesday, September 19
11 a.m. – 2 p.m.
East LA College, Recital Hall

Tuesday, September 25
11 a.m. – 2 p.m.
Harbor College
Seahawk Center

2013 CalPERS Webinar
The 2013 Webinar on Health Plan Design, Rate, and Benefit Changes is available to view online anytime after August 23 by logging on to the CalPERS website at www.calpers.ca.gov.

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Learn, Decide, Act

LACCD OPEN ENROLLMENT: SEPTEMBER 10 — OCTOBER 5, 2012

The time to reconsider your benefit choices and enroll for next year is fast approaching. Be sure to follow these steps to ensure you make informed enrollment decisions.

Learn

- Start by carefully reviewing this newsletter.
- For more detailed information on your District benefits, visit www.laccd.edu/health 24 hours a day. Be sure to click on your eligible group (active employees, part-time faculty, or retirees) in order to learn about the plans that apply to you.
- If you have coverage questions, we encourage you to call your plan's Member Services (see contact information on page 7).

Decide

- Review your CalPERS open enrollment packet sent in late August to get additional information on your health benefit changes and choices.

Act

- Enroll from September 10 through October 5, 2012 using LACCD's Employee Self-Service (ESS) portal (see page 7).

What do I need to do?

- **FULL-TIME ACTIVE EMPLOYEES** — You do not need to enroll unless you want to change your benefit elections, participate in a Flexible Spending Account, or update your dependent information, life insurance beneficiaries, or address or warrant recipient designation (for where to send the last paycheck of deceased employee).
- **ADJUNCT FACULTY** — You must enroll every year in order to remain in the benefits program.
- **RETIREES** — Please note the following:
 - You do not need to respond to the CalPERS enrollment mailing unless you're making changes to your plans or dependents.
 - We do need your email address on file. Please send a note to Reyna Gonzalez at rgonzalez@aft1521.org.

WHAT'S CHANGING FOR 2013?



Here is an overview of the changes taking effect on January 1, 2013.

Blue Shield Plans

- **Teladoc® Physician Services** — Teladoc, a new service for CalPERS Blue Shield members, provides 24/7 access to board-certified California doctors who can diagnose, treat and prescribe medication for a variety of non-emergency medical issues and conditions such as migraine headaches, urinary tract infections, hot flashes, and more at no additional cost to members. You can avoid waiting in the emergency room and paying a copayment by simply logging on to your Teladoc account at www.Teladoc.com and requesting a video consultation. Phone consultations are available at (800) 835-2362. The average call-back time is 22 minutes.

Kaiser HMO

- **Enhanced Coverage for Womens' Services** — Enhanced coverage for women includes contraception and contraceptive counseling as well as breastfeeding support, supplies and counseling.

Health Reimbursement Account (HRA) and Flexible Spending Accounts (FSAs)

- **Lower Maximum for Health Care FSA** — The maximum amount you may contribute to a Health Care FSA will be reduced from \$5,000 annually to \$2,500 annually due to Health Care Reform.
- **Name Change for Plan Administrator** — SHPS HR Solutions has joined ADP. Services will not change; however, you will receive a new debit card in January showing the ADP name rather than the SHPS name. Beginning September 9, you will also hear ADP in the greeting if you should call SHPS/ADP with questions.

HEALTH PLAN VIDEO KEEPS YOU INFORMED

CalPERS is providing an on-demand video in early September as a convenient way for employees, retirees and dependents to learn about the features of each health plan. The video will include downloadable materials as well as convenient links to related health plan websites such as *Find a Provider* tools for in-network physicians and hospitals, *Find a Pharmacy* tool for in-network pharmacies, and pharmaceutical formulary databases.

You can access the video by visiting CalPERS On-Line. Go to www.calpers.ca.gov and select "View Videos & Web Events" under the "Online Services" section. Next, select "Videos," then "Health Benefits" to find *Presenting the 2013 CalPERS Health Plans*.

Links to the video will also be available on CalPERS social media channels: www.facebook.com/mycalpers and www.twitter.com/CalPERS. You can also find the video on YouTube at www.youtube.com/calpersnetwork.

PRESCRIPTION DRUGS REMINDERS

- When you use the mail order program, you will receive a 90-day supply for the cost of a 60-day retail supply. Also, through the CVS Maintenance Choice Program, you can choose to pick up your 90-day supply directly from a CVS pharmacy at a time that's convenient for you and that gives you a chance to talk with a pharmacist in person.
- If you choose to fill your prescription with a brand name when a generic is available, you will pay the difference in cost between the brand name and generic drug.
- Through the iBenefit personalized mailing program, you can save money by choosing the "best choice" medications (generics and preferred brands) and 90-day supplies.
- Through the Gaps in Care Plus Medical Program, you can take advantage of an integrated medical and pharmaceutical approach to identify potential gaps and omissions in drug and medical therapy.
- CVS Caremark administers the CalPERS prescription drug benefits.

YOUR LACCD HEALTH PLAN CHOICES

The Los Angeles Community College District provides a generous and comprehensive benefits package to help you care for yourself and for your family. Health care coverage is offered under the CalPERS health plans. Active employees and retirees under age 65 will be able to choose from the medical choices listed below.

Your HMO Choices

The following HMO choices are available at no cost to you (the District pays the full cost of coverage):

- Blue Shield Access+ HMO
- Kaiser HMO
- Blue Shield NetValue HMO, which offers the same benefits as the Blue Shield Access + HMO but requires members to use providers in a smaller network of medical groups.

Your PPO Choices

- PERS Choice
- PERS Select
- PERSCare (Note: The cost of this coverage for full-time actives is not fully paid by the District.)

Important PPO Consideration: The PPO choices differ from each other mainly in their deductible, coinsurance percentage, and out-of-pocket maximum. (See the glossary on page 6 for a brief definition of these terms.)

- If you're an active employee or a retiree under age 65, the District will pay the full cost of HMO or PERS Choice PPO coverage for you and your eligible dependents.
- The premium for the PERSCare plan is \$4,397.28 higher per year for single coverage than the premium for the PERS Choice plan. If you select the PERSCare plan you could save \$1,000 in out-of-pocket costs, but the additional premium will cost you more than you would save in out-of-pocket costs.

NOTIFY LACCD OF ALL CHANGES

The LACCD Health Benefits Unit needs to know about all changes you make with CalPERS (whether you add a dependent, change your address, or change your medical plan). LACCD is your contact point for dental and vision changes; CalPERS handles only your medical changes. To make changes in dental or vision plans, or to inform us about changes you have made in regards to your medical plan, please call the Health Benefits Unit at (888) 428-2980.

PLEASE NOTE: If you have an FTE of 0.50 or above, you are ALSO eligible to have District-paid VISION coverage for yourself (free for employee only – you must pay for your dependents). If you drop below 0.50 FTE at any time (but remain above 0.33), then you must pay for your employee only vision as well (it cannot be dropped).

Eligible Part-Time Faculty Members Must Enroll Every Year

If you're an eligible part-time faculty member who wishes to continue coverage in the health benefits plans, you must re-enroll for benefits during each open enrollment period. Your benefits coverage will not continue unless you actively enroll.

Your eligibility for health benefits — medical, dental, vision, and EAP — is based on how many semesters you have taught for LACCD and how many hours you're scheduled to teach during the current semester.

To confirm your eligibility, call the LACCD Health Benefits Unit at (888) 428-2980 or go to the faculty website at www.aft1521.org.

Paying for Coverage

The District will contribute \$242 per month (\$2,904 annually) to the cost of your medical coverage. You will pay your share of the medical plan premium — as well as the full cost of any dental or vision coverage you elect — through automatic before-tax payroll deductions. To see your 2013 premiums, go to www.laccd.edu/health.

For more information on your dental and vision choices, please visit www.laccd.edu/health.

YOUR DENTAL PLAN CHOICES

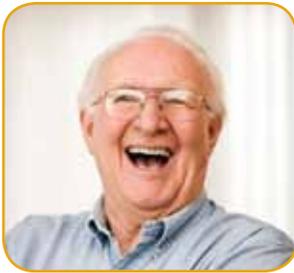
LACCD offers two dental plans: Delta Dental PPO and SafeGuard HMO.

- **Delta Dental PPO dental plan** gives you the option of choosing any licensed provider. If you select a dentist who is a member of Delta Dental's PPO network, you have access to the PPO provider's discounted rates and reduce your out-of-pocket costs.
- **SafeGuard HMO** provides services at little or no cost when you go to a dentist who is a SafeGuard HMO network member. The plan requires all enrolled dependents to select a primary care dentist to coordinate your care. Unlike the Delta Dental PPO dental plan, you cannot select out-of-network dentists.

YOUR VISION PLAN

LACCD offers vision coverage through VSP Vision Care (VSP), the nation's largest provider of eye care coverage. You can choose between VSP preferred providers and out-of-network providers, but keep in mind when you use VSP preferred providers, you can choose from thousands of doctors across the country and receive higher level of benefits. Also, when you go to a VSP provider, you have the added convenience of a lower payment at the time of service and no claim forms to fill out.

You can find a VSP provider by going to www.vsp.com or by calling (800) 877-7195. Your provider will be able to access your membership information and bill you accordingly.



PLAN CHOICES FOR MEDICARE-ELIGIBLE RETIREES

If you're a Medicare-eligible retiree, the District will pay up to the negotiated cap.

If Some Family Members Are Eligible for Medicare and Some Are Not...

All of the CalPERS Medicare health plans have counterparts for people under age 65. If you're eligible for Medicare but your dependents are not, they will be enrolled in the non-Medicare version of the plan you choose... and vice versa. This means if you are over 65 and enroll in the PERSCare Supplemental Plan, any dependents under age 65 will be enrolled in the PERSCare PPO and you will incur a cost for that enrollment. To avoid this cost, you should enroll in the PERSChoice Medicare Supplement.

Do not enroll in Medicare Part D

Medicare Part D is prescription drug coverage. Since you get prescription drug coverage through your CalPERS medical plan, you do not need Medicare Part D coverage. If you enroll in Medicare Part D, LACCD will not contribute toward the monthly cost of your coverage and reserves the right to cancel your District-sponsored medical coverage.

Retirees: The Health Benefits Unit Needs Your Help!

When you make changes to any of your information (such as your health plan, adding a dependent, or changing your address), it is vital that you also inform LACCD of the change. Please call us at (888) 428-2980 or fax your changes to us at (213) 891-2008. Keeping LACCD in the loop lowers our overhead costs and helps to keep your costs down as well!

For more information on your retiree medical choices, please visit www.laccd.edu/health.

YOUR HRA AND FSA BENEFITS

(Available to Active Employees only)

As an active employee, the District gives you access to two types of accounts that allow you to save money by paying for eligible expenses on a pre-tax basis. The two accounts are the Health Reimbursement Account and the Flexible Spending Account. Here's an overview of each plan.

Health Reimbursement Account (HRA)

An HRA is a benefit plan that reimburses eligible employees for qualified out-of-pocket expenses with tax-free dollars. Each year, the District adds \$1,500 to your HRA. Money in your HRA can be used to pay for qualified health expenses (deductibles, coinsurance, copayments, orthodontia, prescription eyeglasses and sunglasses, and contact lenses). You can also use your HRA to pay for long-term care insurance.

Because the name of our plan administrator is changing from SHPS to ADP, all eligible employees will receive a new HRA debit card in January. This card works much like a debit card except all expenses must be validated after swiping. You use it to pay for eligible health care expenses at the doctor's office, pharmacy, or other retail establishments, including dental and vision. (The debit card conveniently draws from your health care FSA automatically once the HRA is used up.)

The HRA is funded entirely with employer contributions. This means the District funds your HRA and you are not allowed to contribute your own money.

Flexible Spending Accounts (FSA)

A Flexible Spending Account is a benefit plan that allows eligible employees to withhold funds from their payroll before taxes are deducted. These funds are deducted on a tenths basis. For example, if you elect \$1,200, then \$120 will be deducted every month except July and August. You use these funds toward health care and/or dependent care expenses. The benefit of an FSA is that you can set funds aside on a pre-tax basis, which saves you money on eligible expenses.

There are two types of FSAs: Health Care and Dependent Care.

- **Health Care FSA , now reduced to \$2,500 maximum**, allows you to pay for the same types of expenses that you use your HRA to pay (such as deductibles, coinsurance, copayments, orthodontia, prescription eyeglasses and sunglasses, and contact lenses).
- **Dependent Care FSA , still with \$5,000 maximum**, is used to pay for child-care or care of an adult who has been declared disabled. These expenses must be necessary to allow the eligible employee to work (e.g. a single parent who pays for day care or a babysitter; or spouse who must pay for adult day care).

An eligible employee can choose both the Health Care FSA and Dependent Care FSA if needed. You can learn more about Health Care and Dependent Care FSAs, as well as eligible expenses at www.laccd.edu/health.



Beginning 2013, the maximum annual contribution to the Health Care FSA is being reduced from \$5,000 to \$2,500 due to Health Care Reform. This does not apply to the Dependent Care FSA limit which remains at \$5,000.

HOW THE HRA AND FSA WORK TOGETHER

When you have eligible expenses, you must use your HRA before any money can be withdrawn from your FSA. So, if you want to use both accounts, here's what you need to do:

1. Estimate your annual expenses.
2. If you expect to spend less than your HRA balance (\$1,500 + your prior years' balance), do not contribute to your Health Care FSA.
3. If you expect to spend more than your HRA balance, then it's a good idea to contribute to your FSA.
4. Use your debit card to pay for eligible expenses. Once your accumulated HRA balance is exhausted, it will automatically draw from your Health Care FSA.

If you plan carefully, the two accounts are easy to use together and you can drastically reduce your out-of-pocket health care costs!

YOUR LIFE AND ACCIDENT INSURANCE BENEFITS



All active full-time employees are automatically covered by the basic life insurance and basic accidental death and dismemberment (AD&D) insurance plans. LACCD pays the full cost of these plans, which are insured by MetLife. Here is your basic employee coverage:

- **Basic life insurance** — If you die while covered by the plan, your beneficiary will receive a basic life insurance benefit of \$50,000.
- **Basic AD&D insurance** — If you die as a result of a covered accident, your beneficiary will receive an additional \$50,000. Benefits are also payable for certain severe injuries suffered in an accident.

Voluntary Life Insurance

In addition, you may purchase voluntary life insurance coverage for you and your family. Optional life insurance is available in \$10,000 increments, up to a maximum benefit of five times your annual earnings, or \$500,000, whichever is less. After your initial eligibility, if you enroll for the first time or choose to increase your coverage, you will be required to give MetLife satisfactory evidence of good health before the coverage over that amount will take effect. You pay the full cost of this coverage through after-tax payroll deductions.

Coverage for Your Family

If you purchase voluntary life insurance for yourself, you may also purchase coverage for your spouse/domestic partner and your dependent children.

- **Spouse/domestic partner** — Coverage is available in \$5,000 increments, up to a maximum benefit of 50% of your voluntary life insurance amount.
- **Children** — You may purchase \$1,000, \$5,000, or \$10,000 worth of coverage for your dependent children. (The benefit amount is \$100 for children less than six months old.)

Glossary of Health Plan Terms

Deductible — This is the amount you must pay each calendar year before the plan will pay benefits.

Coinsurance — This is the percentage of your covered medical expenses you pay after meeting your deductible.

Copayment — This is a flat dollar amount you pay for medical services, such as the payment you make for a doctor's office visit.

Out-of-Pocket Maximum — If your share of the medical expenses reaches this amount, you will not have to pay any more coinsurance for the rest of the year. Keep in mind that some expenses, such as your deductible and copayments, do not count toward the out-of-pocket maximum.

Explanation of Benefits— An Explanation of Benefits (EOB) lists the service charges on a health care claim, how much your plan pays for and how much you must pay.

- When you go to see a PPO network doctor or have a prescription filled at one of the plan's participating pharmacies, you will pay a flat copayment and nothing else. If you visit a non-network doctor your costs will be higher (you pay deductible plus coinsurance instead of the flat copayment).
- Your coinsurance and out-of-pocket costs are lower when you go to PPO network providers.

HOW TO ENROLL ON THE ESS PORTAL

Log on to the ESS Portal

- 1 From a computer connected to the District Intranet, launch your Internet browser.
- 2 Go to www.laccd.edu (home page), and click the Faculty & Staff Resources link at the top of the page, then click on the Intranet (District Network Only) link on the lower left-hand side and click on the LACCD Enterprise Portal on the top right side.
- 3 Enter your 9-digit User ID as follows:
 - a. If your employee number is 6 digits long, then your User ID is P00 (two zeros) + your employee number, **or**
 - b. If your employee number is 7 digits long, then your User ID is P0 (one zero) + your employee number.
- 4 Enter your portal password:
 - a. If you already have an SAP account, your password will be the same as your SAP password.
 - b. If you do not have an SAP account, you can create a password while you are at the portal, using this formula:
 - Your 2-digit birth month (e.g., June = 06) +
 - The first letter of your last name +
 - The last 4 digits of your Social Security number.

Note: If your password has expired in the last 60 days, you will need to follow the instructions above for first time users. You cannot use the first 7 characters of your old password.

Start Your Annual Enrollment

Once you're in the ESS portal, get started by clicking the **Start Your Annual Enrollment** button. You will be guided through a series of six steps.

At the end of the enrollment process, active full-time employees will have an opportunity to enroll in an FSA for 2013.



CONTACT INFORMATION

MEDICAL PLANS

CalPERS Health Benefit Program

(888) 225-7377

Monday—Friday, 8:00 a.m.— 5:00 p.m.

TTY (916) 795-3240

(for speech and hearing impaired)

www.calpers.ca.gov

DENTAL PLANS

Delta Dental

P.O. Box 997330, Sacramento, CA 95899

(800) 765-6003

www.deltadentalins.com

SafeGuard

P.O. Box 3594, Laguna Hills, CA 92654

(800) 880-1800

www.safeguard.net (plan code 0150-D)

VISION PLAN

VSP

P.O. Box 997100

Sacramento, CA 95899-7105

(800) 877-7195

www.vsp.com

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Horizon Health

(800) 342-8111

www.horizoncarelink.com

login code: laccd password: eap

FLEXIBLE SPENDING ACCOUNTS (FSAs)

SHPS/ADP Benefits Solutions

P.O. Box 34700

Louisville, KY 40232

(800) 964-6165

www.myshps.com

TERM LIFE AND AD&D INSURANCE

LACCD

770 Wilshire Blvd.

Los Angeles, CA 90017

(888) 428-2980

www.laccd.edu/health

MetLife

National Service Center

P.O. Box 2517, Aurora, IL 60507-2517

(877) ASK-MET7

www.metlife.com

OTHER BENEFITS & COBRA INFORMATION

LACCD Health Benefits Call Center

770 Wilshire Blvd.

Los Angeles, CA 90017

(888) 428-2980

Monday—Friday, 9:00 a.m.— 4:00 p.m.

www.laccd.edu/health



JOINT LABOR-MANAGEMENT BENEFITS COMMITTEE

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